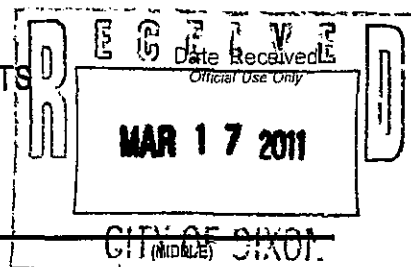


STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
11 APR 13 PM 2:33



Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

CERAMKLO, JR

MICHAEL

CITY OF SIOUX

JOSEPH

1. Office, Agency, or Court

Agency Name

DIXON CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position

COUNCILMAN

► If filing for multiple positions, list below or on an attachment.

SEE ATTACHED

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County

☐ County of

☒ City of

DIXON

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed

3/12/11
(month, day, year)

Signature

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>MICHAEL J. GREENGLASS JR.</u>

► NAME OF SOURCE
MYERS NAME

ADDRESS (Business Address Acceptable)
555 CAPITOL MALL, SUITE 1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CITY ATTORNEY'S LEGAL FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/1/10</u>	<u>\$ 90</u>	<u>TICKETS TO RIVERDANCE</u>
<u>12/15/10</u>	<u>\$ 50</u>	<u>FRUIT GIFT</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

Attachment to Form 700 – Michael Ceremello, Jr.

Expanded Statement includes:

- Dixon Redevelopment Agency
- Dixon Public Finance Authority
- Dixon Public Improvement Corporation
- Dixon Solano Water Authority
- Yolo-Solano Air Quality Management District